

State MISSISSIPPI

- d. Agreement to maintain regular contact with the primary-care physician when the physician is not the Case Manager.

F. Freedom of Choice

The State assures that the provision of High-Risk Case Management Services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act;

1. Eligible recipients will have free choice of the providers of EPSDT High-Risk Case Management.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

- G. Payment for High-Risk Case Management Services** under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 88-11

Supersedes

TN No.

Approval Date

MAR 17 1989

Effective Date

10/1/88

NEW

Received 12/23/88

State MISSISSIPPI

infant nutrition service when nutritional needs are the high-risk factor.

2. High-Risk Case Management Agency:

- a. Must have qualified Case Manager(s);
- b. Meet applicable State and Federal laws governing the participation of providers in the Medicaid Program;
- c. Must meet the criteria established by the Division of Medicaid as a provider of High-Risk Case Management Services (Section 3, Enrollment Process).

Qualifications for the providers of targeted Case Management to infants will be the same as qualifications for EPSDT providers. The Division of Medicaid will enter into Provider Agreements that establish criteria for High-Risk Case Management Agencies and services to this target group. The Division of Medicaid will enroll providers that are qualified to render High-Risk Case Management Services in accordance with professionally recognized standards for good care. The purpose of this activity is to help assure that High-Risk Case Management Services are provided by professionally qualified providers in accordance with Section 1902(a)(23) of the Act. Nothing in this plan will be construed to require a Case Management Agency or a Case Manager to provide any other service under the Medicaid Program.

3. Enrollment Process:

The Division of Medicaid will implement methods and procedures to enroll all providers of EPSDT Services for High-Risk Case Management to high-risk infants that can demonstrate:

- a. Capacity to provide High-Risk Case Management Services;
- b. Experience with delivery and/or coordination of services for children;
- c. Maintenance of financial accountability rules as for any other provider participating in the Medicaid Program;

TN No. 88-11

Supersedes

TN No. NEW

Approval Date

MAR 17 1989

Effective Date OCT 01 1988

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The high-risk infant will be allowed one (1) High-Risk Case Management Service a calendar month with a maximum of twelve (12) High-Risk Case Management Services during the first year of life. High-Risk Case Management Services include direct contact with the client as well as indirect work on the client's behalf. The High-Risk Case Management Services will return to the services for a well-baby if the medical or medically related risk factor(s) cease to exist during the first year of life, as determined by the infant's physician.

The Case Manager's services are to be noted in the infant's Plan of Care.

The set of interrelated activities are as follows:

1. Evaluation of the client's individual situation to determine the need for High-Risk Case Management due to known medical or other medically related risk factors. The Case Manager must establish that the infant has Medicaid eligibility, is at medical risk, and that the parent/guardian/custodian has selected that particular agency. An explanation of High-Risk Case Management Services must be given to the parent/guardian/custodian to determine whether High-Risk Case Management Service is wanted. Once the infant is determined by the physician to no longer be at medical risk, High-Risk Case Management as a separate service will no longer be provided. Case Management as a required component of regular EPSDT services will continue to be provided to the extent permitted;
2. Needs assessment is the process by which the Case Manager identifies the service needs of the infant in order to assist in gaining access to the needed services, such as psychosocial, nutritional, medical, and educational;
3. Development and implementation of an individualized Plan of Care to meet the service needs of the infant. A Plan of Care is needed by the Case Manager to:
 - a. Determine how to assist in gaining access to needed services,
 - b. Keep track of important activities, and

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- c. Know if the events that did occur met the goals as stated in the Plan of Care;

This Plan of Care does not constitute Medicaid prior authorization for High-Risk Case Management Services.

4. Coordination of delivery of service when multiple providers and/or programs are involved to reduce travel and multiple appointments as much as possible by careful scheduling;
5. Assistance in locating providers and/or programs and making referrals to the providers and/or programs that can meet the service needs;
6. Monitoring and follow-up to ensure that services are received, are adequate to meet the client's needs, and are consistent with good quality of care.

E. Qualifications of Providers:

1. Case Manager Qualifications:

- a. Physician licensed in Mississippi, or
- b. R.N. licensed in Mississippi with a minimum of one (1) year of experience in community nursing, or
- c. Medical Social Worker with a minimum of one (1) year of experience in health and/or human services, and one of the following:
 - (1) M.S.W. Medical Social Worker licensed in Mississippi,
 - (2) B.S.W. Medical Social Worker licensed in Mississippi in consultation with M.S.W., or
 - (3) Other Mississippi licensed Medical Social Worker supervised by a M.S.W.; or
- d. Nutritionist licensed in Mississippi or a Registered Dietician, each with a minimum of one (1) year of experience in providing

TN No. 88-11

Supersedes

Approval Date MAR 17 1989

Effective Date OCT 01 1988

TN No. NEW

Received 12/23/88

F. Freedom of Choice:

The state assures that the provision of case management services to the chronically mentally ill will not restrict an individual's free choice of providers in violation of Section 1902 (a) (23) of the Act:

1. Case management services will be available at the option of the eligible recipient.
2. An eligible recipient who wishes to receive case management services will have free choice to receive case management services from any qualified provider of these services.
3. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere in this Plan.

G. Payment for targeted case management for the chronically mentally ill does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 92-17
Supersedes
TN No. NEW

Date Received 12-23-92
Date Approved 8-16-93
Date Effective 10-01-92

TARGETED CASE MANAGEMENT FOR CHRONICALLY MENTALLY ILL COMMUNITY BASED RECIPIENTS.

A. **Target Group:** Chronically mentally ill individuals who need community based mental health services to reduce dysfunction and attain their highest level of independent living or self care.

B. **Areas of State in which services will be provided:**

 X Entire State;

 Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than Statewide):

C. **Comparability of Services:**

 Services are provided in accordance with Section 1902 (a) (10) (B) of the Act;

 X Services are not comparable in amount, duration and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provided services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

D. **Definition of Services:**

Case management is the provision and coordination of services which are an integral part of aiding eligible recipients to gain access to needed medical, social, educational and other services in order to attain their highest level of independent functioning. Case management services provide to the maximum extent possible that the person served has access to all available resources and receives available services necessary to reach and maintain an optimal level of functioning. Activities include client identification, assessment, reassessments, service planning, linkage to needed services, monitoring service delivery, supportive counseling and outreach services designed to seek out persons who have been screened and referred for case management and to make every effort to engage such persons in the receipt of case management services.

E. **Qualifications of Providers:**

Providers of case management services are to be persons with a minimum of a B.A. or B.S. degree or comparable degree level in the field of nursing, social work, counseling or other such qualification and training and who meet the standards established under Sections 41-19-31 through 41-19-39 and/or Section 41-4-7(g), Mississippi Code of 1972, as amended.

TN No. 92-17
Supersedes
TN No. NEW

Date Received 12-23-92
Date Approved 8-16-93
Date Effective 10-01-92

TARGETED CASE MANAGEMENT FOR DEVELOPMENTALLY DISABLED COMMUNITY BASED RECIPIENTS.

A. **Target Group:** Developmentally disabled individuals who need community based mental health services to reduce dysfunction and attain their highest level of independent living or self care.

B. **Areas of State in which services will be provided:**

 X Entire State;

 Only in the following geographic areas (authority of Section 1915 (g) (1) of the Act is invoked to provide services less than Statewide):

C. **Comparability of Services:**

 Services are provided in accordance with Section 1902 (a) (10) (B) of the Act;

 X Services are not comparable in amount, duration and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provided services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

D. **Definition of Services:**

Case management is the provision and coordination of services which are an integral part of aiding eligible recipients to gain access to needed medical, social, educational and other services in order to attain their highest level of independent functioning. Case management services provide to the maximum extent possible that the person served has access to all available resources and receives available services necessary to reach and maintain an optimal level of functioning. Activities include client identification, assessment, reassessments, service planning, linkage to needed services, monitoring service delivery, supportive counseling and outreach services designed to seek out persons who have been screened and referred for case management and to make every effort to engage such persons in the receipt of case management services.

E. **Qualifications of Providers:**

Providers of case management services are to be persons with a minimum of a B.A. or B.S. degree or comparable degree level in the field of nursing, social work, counseling or other such qualification and training and who meet the standards established under Sections 41-19-31 through 41-19-39 and/or Section 41-4-7(g), Mississippi Code of 1972, as amended.

TN No. 92-17
Supersedes
TN No. NEW

Date Received 12-23-92
Date Approved 8-16-93
Date Effective 10-01-92

F. Freedom of Choice:

The state assures that the provision of case management services to the developmentally disabled will not restrict an individual's free choice of providers in violation of Section 1902 (a) (23) of the Act:

1. Case management services will be available at the option of the eligible recipient.
2. An eligible recipient who wishes to receive case management services will have free choice to receive case management services from any qualified provider of these services.
3. Eligible recipients will have free choice of the providers of other medical care as covered elsewhere in this Plan.

- G. Payment for targeted case management for the developmentally disabled does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN No. 92-17
Supersedes
TN No. NEW

Date Received 12-23-92
Date Approved 8-16-93
Date Effective 10-01-92

State MISSISSIPPI

HIGH-RISK CASE MANAGEMENT FOR CHILDREN UNDER ONE YEAR

A. **Target Group:** High-risk infants, age birth to one (1) year old, as determined by a physician by using the Risk Screening Form, Mississippi Perinatal Risk Management/Infant Services System or the Hollister Maternal/Infant Record.

B. **Areas of State in which services will be provided:**

X Entire State;

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

C. **Comparability of Services:**

Services are provided in accordance with Section 1902(a)(10)(B) of the Act;

X Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

D. **Definition of Services:**

High-Risk Case Management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the High-Risk Case Management Agency. The purpose of High-Risk Case Management Services for high-risk infants is to assist those eligible for Medicaid in gaining access to needed medical, social, educational, and other services; to reduce infant mortality or morbidity; to encourage the use of cost-effective medical care by referrals to appropriate providers; and to discourage over-utilization or duplication of costly services. High-Risk Case Management Services will provide necessary coordination with providers of nonmedical services such as nutrition, psychosocial, educational programs or early intervention when services provided by these entities are needed. The Case Manager will coordinate these services with needed medical services.